

# Doping in team and individual sports: a qualitative investigation of moral disengagement and associated processes

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1    **Doping in Team and Individual Sports: A Qualitative Investigation of**  
2    **Moral Disengagement and Associated Processes**

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8

9    Dr Boardley is a sport psychology researcher in the UK whose work predominantly  
10   focuses on moral issues in sport. He has recently published on psychosocial processes  
11   facilitating doping in bodybuilders (Qualitative Research in Sport, Exercise, and Health,  
12   2014; Journal of Sports Sciences, 2014), moral behaviour in sport vs. university contexts  
13   (Journal of Sport & Exercise Psychology, 2013), and prosocial and antisocial behaviour  
14   towards teammates (Journal of Sport & Exercise Psychology, 2012).

15

16   Dr Grix is a political scientist in the UK whose work focuses on sport and politics and  
17   sport policy. He has recently published on the governance of sport (Public  
18   Administration, 2011), using ‘Q’ methodology in sports research (Leisure Studies,  
19   2010) the decline of distance running in the UK (Sport in Society, 2011), and his most  
20   recent book is on the East German Sports ‘Miracle’ (Palgrave, 2012).

21

22   Submitted: 17 Nov. 14 2014

# 1    **Doping in Team and Individual Sports: A Qualitative Investigation of**

## 2    **Moral Disengagement and Associated Processes**

### 3    **Abstract**

4        The current study qualitatively investigated psychosocial processes that support PED use in  
5        athletes from a range of sports, using Bandura's (1991) social cognitive theory of moral  
6        thought and action as the guiding theoretical framework. In-depth semi-structured  
7        interviews were conducted with twelve male athletes from a variety of sports who had used  
8        illicit performance enhancing substances within the previous two years. Interviews centred  
9        on the psychological and social processes that facilitated the athletes' introduction to, and  
10       continuation of, doping. Study data were content analysed deductively using definitions for  
11       the eight mechanisms of moral disengagement (Bandura 1991), as well as three further  
12       themes identified by Boardley and Grix (2014). Data analysis provided evidence for seven  
13       mechanisms of moral disengagement (i.e., moral justification, euphemistic labelling,  
14       advantageous comparison, displacement of responsibility, diffusion of responsibility,  
15       distortion of consequences, and attribution of blame) and all three of the additional themes  
16       (i.e., routinisation, family and friends, and sliding scale). The mechanisms and themes  
17       varied in their frequency of use, and were discussed with reference to Bandura's (1991)  
18       theory, as well as other relevant literature on doping in sport.

19  
20       **Keywords:** moral disengagement, performance enhancing drugs, positivism, socialisation,  
21       deductive reasoning

## 1    **Introduction**

2    Recent qualitative research investigating the psychosocial processes facilitating  
3    Performance Enhancing Drug (PED) use in bodybuilders has provided evidence that  
4    Moral Disengagement (MD; Bandura 1991) may play a key role in facilitating PED use  
5    (Boardley and Grix 2014; Boardley et al. 2014). In addition, three further themes (i.e.,  
6    sliding scale, family and friends, and routinisation) relevant to Bandura's (1991) social  
7    cognitive theory of moral thought and action were identified by Boardley and Grix  
8    (2014), and supported in the work of Boardley et al. (2014). Although the work of  
9    Boardley and colleagues has provided evidence that MD and the three further relevant  
10    themes from their work may play a role in the adoption and maintenance of PED use in  
11    bodybuilders, to date researchers have not investigated their utility in sports other than  
12    bodybuilding. As such, in the current study we sought to address this limitation in  
13    knowledge by qualitatively investigating these topics with athletes from a range of team  
14    and individual sports.

15        Moral disengagement represents the conditional endorsement of transgressive  
16    behaviour, and can be achieved by using any of eight psychosocial mechanisms which  
17    seek to cognitively distort harmful acts, reduce personal accountability for them or their  
18    consequences, distort/avoid their consequences, or dehumanize or blame the victim of  
19    the act (Bandura 1991). Bandura (1991) describes how MD plays a key role in  
20    facilitating harmful conduct by annulling distasteful emotional reactions (e.g., guilt,  
21    shame), as anticipation of such reactions should normally regulate such conduct.  
22    Operational definitions for the various mechanisms are provided in the results section.  
23    Importantly, for the purposes of the current study, PED use was considered a

1 transgressive act as it contravened the rules of all sports represented at the time of data  
2 collection.

3         Qualitative research to date has contributed significant knowledge on the MD  
4 mechanisms used by PED using bodybuilders. Across two studies, Boardley and  
5 colleagues have provided evidence for six of the eight mechanisms of MD through  
6 semi-structured interviews with 73 bodybuilders with experience of PED use (Boardley  
7 and Grix 2014; Boardley et al. 2014). More specifically, deductive content analysis of  
8 the data from these interviews showed evidence for all MD mechanisms with the  
9 exception of dehumanisation and attribution of blame. Importantly, these two  
10 mechanisms differ from the other six in that they specifically target the victim/s of  
11 transgressive acts (see Bandura 1991). Based upon this, Boardley et al. (2014) suggested  
12 that the lack of evidence for these two mechanisms may have been due to the lack of an  
13 obvious external victim of PED use in bodybuilding. As such, research is needed that  
14 qualitatively investigates MD in PED users from sports in which external victims of  
15 doping (i.e., non-doping opponents) are more salient, as in such circumstances the  
16 likelihood of victim-centred mechanisms of MD being utilised may be increased.

17         Although the current study is primarily concerned with the qualitative  
18 characteristics of MD in PED users, evidence from quantitative research supports the  
19 existence of a positive link between overall MD and PED use. The majority of this  
20 support comes from the work of Lucidi and colleagues, who across three studies  
21 demonstrated statistically significant positive associations between MD and intention to  
22 use (Lucidi et al. 2004) and reported use of (Lucidi et al. 2008; Zelli et al. 2010) PEDs  
23 in Italian adolescents. However, it is important to recognise that very few of the

1 participants in these studies had experience of PED use, with only between 1.0% (Zelli  
2 et al. 2010) and 3.1% (Lucidi et al. 2004) reporting PED use. Also of note is that in the  
3 two most recent studies almost half of the study participants were not active sport  
4 participants. As such, the findings of Lucidi and colleagues offer limited information on  
5 how MD links with PED use in competitive athletes with experience of PED use. Based  
6 upon Bandura's (1991) theory, it is likely that environmental influences such as  
7 competitive pressure and interaction with suppliers/users of PEDs may influence  
8 athletes' use of MD to rationalise PED use. Given the vast majority of the participants in  
9 the studies of Lucidi and colleagues are unlikely to have experienced such influences,  
10 their use of MD to justify and rationalise PED use is likely to differ from that of  
11 competitive athletes who have used PEDs.

12         Recent work by Hodge et al. (2013) has addressed one of these limitations by  
13 investigating links between MD and attitudes toward PEDs and drug-taking  
14 susceptibility exclusively in competitive athletes ( $n = 224$ ). Importantly, this research  
15 identified strong and moderate positive associations, respectively, between MD and  
16 attitudes toward PEDs and drug-taking susceptibility. However, one limitation of this  
17 work was that reported PED use was not assessed so it is not known how many – if any  
18 – of the athletes involved had experience with PED use. As such it is likely – although  
19 impossible to determine categorically – that similar to the athletes in the studies of  
20 Lucidi and colleagues, very few of the athletes in the study of Hodge and colleagues had  
21 experience with PED use. As such, the rationalisation and justification of PED use  
22 through MD is likely to be different for the majority of the sample in this study in  
23 comparison to competitive athletes who have previously used PEDs.

1           To address the limitations identified above in the work conducted by Lucidi et al.  
2   (2004, 2008), Zelli et al. (2010) and Hodge et al. (2013), research is needed that  
3   investigates the use of MD exclusively in competitive athletes with experience of PED  
4   use. Given the inherent difficulties in recruiting large samples of such athletes,  
5   qualitative research would be a pragmatic methodological approach for such work.  
6   Pragmatic considerations apart, a more important argument for a qualitative approach  
7   would be the greater depth of understanding of how athletes may use MD to rationalise  
8   and justify PED use that would be achieved through qualitative research in comparison  
9   to a quantitative approach. As such, the investigation of individual mechanisms of MD  
10   in competitive athletes with experience using PEDs should make a significant  
11   contribution to our understanding of the psychosocial processes that facilitate PED use.

12           The research of Boardley and colleagues with bodybuilders also suggested that a  
13   further three themes may be important in understanding the psychosocial processes that  
14   facilitate PED use (Boardley and Grix 2014; Boardley et al. 2014). The first of these  
15   themes – sliding scale – represents a progression in training supplementation in which  
16   athletes first use legal dietary supplements, then move to use of orally administered  
17   PEDs, before subsequently using injectable PEDs. This progression is also generally  
18   accompanied by an increase in the volume and range of PEDs used. Importantly, this  
19   process is supported by further research that has identified a link between athletes' use  
20   of legal dietary supplements and subsequent PED use (e.g., Backhouse, Whitaker and  
21   Petróczi 2013; Martinez and Bilard 2003; Papadopoulos et al. 2006). However, although  
22   such research supports its potential existence, researchers to date have not specifically  
23   investigated the existence of the sliding scale process in sports other than bodybuilding.

1           The second of the further themes identified by Boardley and Grix (2014) is  
2    termed family and friends. This theme represents the categorisation of close associates  
3    of PED users into gym friends, non-gym friends and family, with knowledge of  
4    athletes' PED use only being shared with associates placed in the first category. Aligned  
5    with this theme, Bandura (1991) takes an interactionist perspective to the regulation of  
6    moral conduct, in that he considers transgressive conduct to be regulated by both  
7    personal and social sanctions. As such, whilst MD may prevent personal sanctions (e.g.,  
8    guilt) for conduct that contravenes an individual's moral standards, it will not  
9    necessarily avert social rebuke for such actions. It is therefore possible that the family  
10   and friends theme represents proactive attempts by PED users to avoid social censure  
11   for their PED use by only acknowledging it to those anticipated to approve. Although  
12   this theme may potentially facilitate PED use by preventing social condemnation, its  
13   existence has not been investigated in athletic populations other than bodybuilders.

14           The final additional theme identified by Boardley and Grix (2014) was that of  
15    routinisation. This theme originated based upon descriptions by bodybuilders of how  
16    PED use had become automated into their daily routines in such a way that it took place  
17    without conscious thought. Importantly, Bandura (2002) describes how such automation  
18    can facilitate engagement in transgressive conduct as the eradication of conscious  
19    processing eliminates the possibility of controlling emotional reactions being stimulated.  
20    As such, once PED use becomes an established aspect of athletes' daily routines,  
21    associated reductions in conscious processing may make it less likely athletes will  
22    reflect on whether they should continue to use PEDs. However, although the initial  
23    study of Boardley and Grix (2014) provided support for bodybuilders' routinisation of



1 PED use in a sample of athletes from a single gym, subsequent research investigating  
 2 this theme in a much larger and more diverse sample of bodybuilders suggested its use  
 3 was relatively uncommon (see Boardley et al. 2014). Also, similar to the other themes, it  
 4 is not currently known whether routinisation exists in athletic populations beyond  
 5 bodybuilding. As such, further research is needed to establish the potential importance  
 6 of this theme in understanding the psychosocial processes that contribute to PED use in  
 7 sport and exercise.

8 To summarise, accumulating evidence suggests MD and the three further themes  
 9 identified by Boardley and Grix (2014) may represent important psychosocial processes  
 10 that facilitate PED use. However, the current evidence base is limited by either an  
 11 exclusive focus on bodybuilders (i.e., Boardley and Grix 2014; Boardley et al. 2014), or  
 12 by quantitatively investigating overall MD – rather than individual MD mechanisms –  
 13 with competitive athletes whose use of PEDs was not determined (i.e., Hodge et al.,  
 14 2013), or with convenience samples not necessarily representative of athletic  
 15 populations (Lucidi et al. 2004, 2008; Zelli et al. 2010). As such, this study aimed to  
 16 contribute to the current literature base by addressing the following research questions:  
 17 (a) does MD occur when team– and individual–sport athletes discuss the circumstances  
 18 that influenced their initiation and continuation of PED use, (b) if so, which specific MD  
 19 mechanisms are apparent, (c) do these athletes also reveal evidence representing the  
 20 sliding scale, family and friends, and routinisation themes, and (d) what is the relative  
 21 frequency of use for each MD mechanism as well as the three further themes?

## 22 **Methodology**

### 23 ***Participants, Interviewer, and Ethical Considerations***

1 The study entailed conducting semi-structured interviews with twelve male athletes  
2 from the sports of athletics ( $n = 1$ ), swimming ( $n = 2$ ), American football ( $n = 3$ ), boxing  
3 ( $n = 1$ ), basketball ( $n = 2$ ), wrestling ( $n = 1$ ), rugby ( $n = 1$ ), and mixed martial arts  
4 (MMA;  $n = 1$ ). To ensure anonymity, in the results section participants are referred to  
5 using codes based on their sport (e.g., AF1 represents American footballer 1). Interviews  
6 were conducted with participants based either in Texas in the United States of America  
7 ( $n = 9$ ) or the northern counties of the United Kingdom ( $n = 3$ ). Participants were aged  
8 between 19 and 24 years, and had been training in their sports regularly for between four  
9 and 14 years ( $M = 7.5$  years). Six of the athletes were PED users at the time of interview  
10 and the remaining six had doped within the previous two years, but had discontinued use  
11 at the time of interview. Specific information on interview location, type of PEDs used,  
12 and whether participants were current or past users can be found in Table 1.

13 Athletes were purposefully sampled to gain the perceptions of athletes who had  
14 actual experience of PED use, and participants were contacted in person to determine  
15 whether they would like to participate in the study and if so to make arrangements for  
16 interview. Recruitment occurred through personal contacts of the interviewer, contact  
17 through online forums, and attendance at local gyms where athletes trained. Ethical  
18 clearance for the study was obtained from the ethics committee of the host institution  
19 and informed consent was obtained from all participants prior to data collection.

20 The interviewer was an elite basketball player and although he was not a PED  
21 user himself, he prepared for the interviews by ensuring he was familiar with the  
22 different types of PEDs and the colloquial terms used to refer to them. Prior sport  
23 participation potentially influences acceptance in athletic subcultures, as well as the

1 responses of those who occupy such environments (see Woodward 2008). Accordingly,  
2 the interviewer's extensive sport experience and familiarity with terminology relating to  
3 PED use appeared to facilitate a high level of acceptance and trust during interviews,  
4 therefore increasing the likelihood of participants responding openly and honestly. To  
5 ensure participants did not assume specific knowledge in the interviewer and potentially  
6 withhold detail in their responses, the academic nature of enquiry and therefore the  
7 importance of answering all questions fully were explained to each participant before  
8 interviews commenced.

### 9 *Interview Structure and Data Analysis*

10 In-depth semi-structured interviews were conducted during the winter of 2012/13.  
11 These interviews were based on a protocol aimed at identifying rationalisation and/or  
12 justification of PED use through the eight mechanisms of moral disengagement, as well  
13 as narratives corresponding with the three further themes (i.e., sliding scale, family and  
14 friends, and routinisation) identified by Boardley and Grix (2014). The interview guide  
15 – available from the first author upon request – comprised of open-ended questions  
16 relating to athletes' initiation (e.g., 'What were the initial reasons you started using  
17 performance enhancing drugs?') and continuation ('Are your current reasons for using  
18 performance enhancing drugs the same as the reasons that you started?') of PED use, as  
19 well as targeted questions (e.g., Displacement of Responsibility: 'Are there people in  
20 your training group who encourage the use of performance enhancing drugs?') aimed at  
21 investigating the eleven predetermined constructs of interest. Such approaches are suited  
22 to the investigation of existing theory through qualitative research (see Hsieh and  
23 Shannon 2005). Each interview was conducted face-to-face and audio-recorded before

1 being transcribed verbatim, with interviews ranging in length from 19 to 31 minutes (*M*  
2 = 24 minutes). All transcripts were sent to the relevant interviewee to check its  
3 accuracy; no athletes requested changes and a total of 23,777 words of transcript were  
4 analysed.

5 In accordance with the recommendations of Hsieh and Shannon (2005) for the  
6 qualitative investigation of existing theory, study data were analysed deductively  
7 through directed content analysis. Accordingly, operational definitions (see results  
8 section) for the eleven constructs of interest were created by the first author based on  
9 definitions in the literature, and the second author used these to then content analyse the  
10 data. Analysis involved reading each transcript and highlighting and coding any text that  
11 represented one or more of the eleven definitions. Complete responses to questions were  
12 used as the unit of coding to ensure responses were coded whilst taking into account  
13 entire responses to prevent any potential loss of context if individual sentences had  
14 instead been used. A consistent unit of coding was used to facilitate intra- and inter-  
15 rater reliability in coding and to make comparisons with findings from similar studies  
16 more meaningful (De Wever et al. 2006).

17 To assess the reliability of coding, indicators of intra- and inter-rater reliability  
18 were calculated (De Wever et al. 2006). Regarding intra-rater reliability, the second  
19 author coded the interview with AF1 on two occasions a month apart, resulting in 14 of  
20 15 coding decisions being replicated and resulting in an intra-rater reliability of .92. For  
21 inter-rater reliability, this was estimated through calculation of percentage agreement  
22 and Cohen's Kappa using the results from the separate content analysis of AF1's  
23 transcript by both the first and second authors. These two indicators of inter-rater

1 reliability were chosen based upon the common use of percentage agreement, and the  
 2 fact that Cohen's Kappa takes into account chance agreement among coders and its  
 3 appropriateness when two coders are involved (De Wever et al. 2006). Overall, very  
 4 good levels of percentage agreement (.95) and Cohen's Kappa (.86) were observed  
 5 (Banerjee et al. 1999, Riffe et al. 1998).

6       The methodological approach adopted in the current work reflects a variant of a  
 7 post-positivist position. Whilst upholding worldviews closely aligned with positivism,  
 8 the researchers are open to a wider range of methodologies and are more reserved  
 9 regarding the ability to fully discern reality in comparison to 'strict' positivists (Brustad  
 10 2008). The post-positivist position of the researchers is reflected in the deductive  
 11 analysis of qualitative data in the present study.

## 12 **Results and Discussion**

13 In this section we present and discuss the results for each of the pre-determined  
 14 categories that were evidenced in the data. When appropriate we have provided  
 15 exemplar quotes from athletes, and the numbers that follow these refer to the  
 16 interviewee number and relevant page and line numbers from that interviewee's  
 17 transcript. In addition, when necessary we have used square brackets [ ] to provide  
 18 additional words or phrases to clarify quotes. Table 2 shows the number of times  
 19 participants elicited statements reflecting one of the 11 constructs of interest. As shown  
 20 in Table 2, we found evidence for 10 of the 11 themes, with no evidence of  
 21 dehumanisation emerging. On average participants demonstrated use of 4.25 individual  
 22 MD mechanisms and a mean number of MD occurrences per participant of 9.42.

# 1 *1. Displacement of Responsibility*

2 Displacement of responsibility is apparent when people see their actions as resulting  
 3 from social pressure rather than something for which they are personally responsible  
 4 (Bandura 1991). In male bodybuilders it has been shown that such social pressure can be  
 5 either implicit or explicit in nature when this mechanism is applied to PED use (Olrich  
 6 and Ewing 1999). The present data suggests use of this mechanism can be similarly  
 7 dichotomised in other sports. Regarding implicit pressures to dope, the performances of  
 8 other athletes known to use PEDs appeared to create a pressure for athletes to adopt  
 9 similar practices; this was seen in both team– and individual–sport athletes. For  
 10 instance, one of the American footballers described how ‘You see people in the gyms,  
 11 benching 150kg, it’s not a good feeling to walk over to the bench and take off 50kg, I  
 12 wanted to walk over and add weight on’ (AF2, 3; 3–4). Similarly, the 100m sprinter  
 13 explained how ‘you see them, they’re toned, they’re fast, you’re like, f\*\*k... if I take  
 14 that maybe I’ll be that quick... so you do, and you do become that quick.... It’s like a  
 15 magic pill.’ (A1, 4; 44–45). As such, just as Olrich and Ewing (1999) described the  
 16 presence of an implicit pressure to keep up with peers who were already taking PEDs,  
 17 athletes in the current study described how they felt compelled to start doping to  
 18 achieve/surpass the performances of athletes perceived or known to be using PEDs.

19 One divergence in the present findings from work that has identified implicit  
 20 pressures to dope in bodybuilders was the nature of the implicit pressures perceived.  
 21 Whereas with bodybuilders implicit pressure to dope was generated largely through the  
 22 appearance of bodybuilders’ peers (see Boardley and Grix 2014; Olrich and Ewing,  
 23 1999), here the focus was on performance, as reflected in the aforementioned quotes by

1 the amount of weight lifted in the gym or the speed with which an athlete moved out on  
 2 the track. Thus, the common thread may be the salient goals in a given context with  
 3 bodybuilders motivated by appearance, American footballers by strength, and sprinters  
 4 by speed. In essence, an athlete may be more likely to externalise responsibility for  
 5 adopting PED use when they see others who are perceived to dope achieving the goals  
 6 they have set for themselves.

7 As well as implicit pressures to dope, athletes also described more explicit forms  
 8 of coercion. Here athletes described specific incidents in which they had felt pressured  
 9 by others to start doping. For instance, when describing his initiation into PED use one  
 10 of the American footballers described how:

11 ... it was mainly down to being with the wrong person at the wrong time. It was after  
 12 practice, we were walking to the dorms and he went, you ever took steroids. I went no. He  
 13 went they're good, want to... the next week I was swallowing HGH (AF2, 4; 11–13).

14 External pressure to dope was also perceived by B1, who suggested he:

15 ... didn't want to take them during the season as I didn't want to get caught... the guy I got  
 16 them off told me that I wouldn't get caught, he said with these and hard work I'd be the  
 17 next big thing in boxing, all the big boys take them (4; 5–7)

18 Thus, consistent with that through implicit means, displacement of responsibility  
 19 through explicit pressure was also seen in both team and individual sports.

20 The potential for displacement of responsibility through explicit compulsion to  
 21 dope seen here is consistent with two previous qualitative studies with male  
 22 bodybuilders. First, athletes interviewed by Olrich and Ewing (1999) described how  
 23 explicit encouragement to dope was a key influence when initially deciding to dope.  
 24 More recently, Boardley et al. (2014) also described athlete narratives that illustrated

1 similar influences. In both of these studies, athletes described similar processes to that  
 2 explicated by B1 above. Taking these findings as a whole, across three studies we see  
 3 examples of explicit pressure to dope, whereby friends/associates encourage adoption of  
 4 PED use by suggesting it may allow athletes to be successful in their chosen sport.  
 5 Importantly, in doing so these people are creating the potential for displacement of  
 6 responsibility as those targeted are then able to externalise accountability for those  
 7 encouraging the adoption of doping practices.

## 8 ***2. Diffusion of Responsibility***

9 In sport, diffusion of responsibility often occurs through collective action, with  
 10 responsibility for transgressive acts being socially diffused within a group of offenders  
 11 (Bandura 1991). Such diffusion was evident here, and consistent with its use in doping  
 12 bodybuilders (see Boardley and Grix 2014), an athlete's training environment was  
 13 central to use of this mechanism. This is clearly evident in the response of one American  
 14 footballer when asked if he thought PED use was cheating:

15 I don't think I'm cheating no... I'm not the only guy who takes it... you're in the locker  
 16 room especially in college... you're like... him him him... they're all on it, so if they are...  
 17 I may as well [be] (AF2, 3; 35–37).

18 Interestingly, the sprinter echoed this view:

19 I knew there was steroids in my sport, I mean there's juice in all sports ... I didn't know I'd  
 20 be running with people who used it, maybe if I was in a team without dopers, I wouldn't do  
 21 it... (A1, 4; 48–50).

22 Qualitative accounts of admitted dopers from other sports echo this finding.  
 23 When interviewing five such athletes from the sports of cycling and weight lifting,  
 24 Kirby, Moran and Guerin (2011) found that most athletes doping behaviour was



1 informed by awareness of team–mates and opponents doping. This led these athletes to  
2 argue that PED use is not cheating because the practice is so extensive in their sports.  
3 This again supports the contention that perceiving widespread use of PEDs allows  
4 athletes to diffusion personal responsibility for their actions within a large group of  
5 perceived offenders, resulting in a distorted perception of the nature of their  
6 transgression.

7 Friends within the training environment appeared particularly influential when  
8 this mechanism was utilised, with numerous athletes referring to them. A good example  
9 of this is one of the basketball players who described how the reason he doped was:  
10 Probably down to my friends... if you train with a bunch of lads who are all juiced up...  
11 chances are you're gonna end up on the juice... If I had a different bunch of mates would I  
12 be on the juice? Who knows? (BB1, 4; 10–12).

13 Thus, just as in bodybuilding (see Boardley and Grix 2014; Boardley et al 2014), it  
14 seems training in environments where others – particularly friends – use PEDs can  
15 facilitate doping through diffusion of responsibility. Statistical support for such an effect  
16 is provided by Wiefferink et al. (2008), who conducted a questionnaire–based study  
17 with bodybuilders. The study data showed that athletes who perceived a greater number  
18 of their social network (i.e., gym owners, gym instructors, gym users, friends, training  
19 partners and relatives) were definite users of PEDs reported a greater intention to use  
20 PEDs in the future.

21 Like all mechanisms of MD, this mechanism is thought to facilitate transgressive  
22 behaviour by preventing unpleasant emotions, anticipation of which normally regulates  
23 such behaviour. Such a process was supported here, with the potential power of  
24 diffusion of responsibility in preventing athletes from experiencing emotions such as

1 guilt and shame when using PEDs being demonstrated through the experiences of one of  
 2 the swimmers. When asked whether he thought doping was immoral, this athlete said  
 3 ‘At first I thought of course it is – it’s against my standards – but because I thought  
 4 everyone was doing it, it kind of made me feel okay about it’ (S1, 2; 48–49). Clearly the  
 5 perception that PED use was rife in his sport changed his view of its moral implications  
 6 and consequently the emotions he experienced as a result.

7 Interestingly, S1 subsequently found out that PED use was not as prevalent in  
 8 swimming as he thought. When asked whether this changed his views on the morality of  
 9 doping, he answered ‘Yes, it really has’ (2, 38). Importantly, the emotions he  
 10 experienced when doping also changed at this time, as he described how he then  
 11 ‘...used to kinda feel guilty’ (2, 38–39). This clearly influenced his decision to  
 12 discontinue his PED use, suggesting that ‘now I know not many athletes use them, I  
 13 wouldn’t think twice about doing it again’ (2, 39–40). The experiences of S1 resonate  
 14 strongly with those of admitted PED users interviewed by Kirby et al. (2011), as the  
 15 most frequently internal deterrent for doping cited by these athletes was the guilt and  
 16 shame they experienced as result. Just like S1 here, two of these athletes had voluntarily  
 17 ceased doping without having tested positive, with the distasteful emotional  
 18 consequences of doping playing an influential role in this decision. Thus, consistent with  
 19 Bandura’s (1991) theorising, anticipation of unpleasant emotions as a result of PED use  
 20 may deter future doping behaviour.

### 21 ***3. Advantageous Comparison***

22 Advantageous comparison takes advantage of the contrast principle, occurring when a  
 23 transgressive act is compared with another that is perceived to be more heinous, making

1 the transgression being considered appear inconsequential in comparison (Bandura  
 2 1991). In research with bodybuilding populations (i.e., Boardley and Grix 2014;  
 3 Boardley et. al. 2014), use of this mechanism often focused on comparisons with the  
 4 unhealthy lifestyles of the general public. In contrast, here advantageous comparisons  
 5 were more frequently made through comparisons with illegal activities such as stealing  
 6 and use of illegal recreational drugs, as well as other associated hedonistic activities.

7 Evidence of this is seen in the following quote from AF1:

8 I know many guys go out and spend their money on ecstasy in clubs, I've never done this...  
 9 I spent my money on steroids... ecstasy is sure worse than steroids. You see athletes these  
 10 days hiring out prostitutes, going to strip clubs, surely that's worse than steroids? (3; 16–  
 11 18).

12 Interestingly, in contrast to the bodybuilders interviewed in past research (i.e.,  
 13 Boardley and Grix 2014; Boardley et. al. 2014), this athlete compared his PED use to  
 14 the behaviours of other athletes rather than those of non–athletic populations. This was  
 15 again seen when MMA1 compared his PED use to that of others perceived to use  
 16 prohibited substances more frequently, ‘...people who use them every day are worse  
 17 than me. I only took them whilst training, not fighting.’ (3; 27–28).

18 In contrast, other athletes expediently contrasted their behaviour with those of  
 19 criminals, ‘If I went round robbing banks all the time and was a criminal... people  
 20 would see me as that... I take steroids... steroids aren’t as bad a theft.’ (AF3, 3; 5–6).  
 21 Clearly for this athlete, how his behaviour was viewed by others was important. This  
 22 was again evident in the following comparison made by MMA1, ‘I’d rather be known as  
 23 a roidhead than a crackhead or someone who sits in a public toilet smoking illegal  
 24 drugs.’ (2; 37–38). This latter contrasting of PED use with use of illegal street drugs was

1 also seen in other athletes such as AF2, 'It's not like I'm taking illegal drugs such as  
2 coke is it?' (AF2, 3; 22).

3 Overall, the use of this mechanism by these athletes appeared to be aimed at  
4 changing how they and others view the act of PED use, rather than focussing on the  
5 health consequences of such behaviour as seen in past research. More specifically,  
6 advantageous comparisons made by bodybuilders in the work of Boardley and Grix  
7 (2014), Boardley et al. (2014), Monaghan (2002), and Probert and Leberman (2009)  
8 have predominantly focussed on making the health consequences of PED appear less  
9 serious. In contrast, in the present study the emphasis appears to be much more on  
10 making the behaviour itself appear more acceptable. It is possible the strict regulation of  
11 PED use in the sports represented here requires PED users from these sports to find  
12 ways to convince themselves of its appropriateness. In contrast, bodybuilders may place  
13 more emphasis on the perceived impact of PED use for their health because they engage  
14 in other behaviours (e.g., strict diet, low alcohol use) associated with improved health.  
15 Regardless of the differences seen in the specific nature of its use across sporting  
16 populations, the apparent ubiquitous application of advantageous comparison across  
17 PED users from a diverse range of sports suggests it may help facilitate the adoption and  
18 maintenance of PED use in sport.

#### 19 ***4. Distortion of Consequences***

20 Distortion of consequences is apparent when perpetrators of transgressive acts actively  
21 evade or cognitively minimise the harmful outcomes resulting from their actions  
22 (Bandura 1991). If one can see no harm in one's actions then no negative emotional  
23 experiences should result, therefore facilitating ongoing engagement in the behaviour.

1 Use of this mechanism centred on two overarching potential harmful outcomes. These  
2 were harm to the PED user's health and harm to opponents through unfair advantage.

3       Regarding the potential harmful health consequences resulting from PED use,  
4 the athletes either disputed these would occur, or purported to be able to prevent them  
5 through controlled use. An example of disputing the likelihood of harmful consequences  
6 as a result of PED use, when asked about his awareness of possible side effects, AF3  
7 said 'yeah obviously, you hear of them all the time... I think most of them are just made  
8 up lies to try and scare people... so I take no notice.' (2; 36–37). Such trivialisation of  
9 the potential side effects of doping has been seen previously in qualitative studies  
10 involving elite-level cyclists (Lentillon–Kaestner, Hagger and Hardcastle 2012) and  
11 competitive bodybuilders (Probert and Leberman 2009). Others expressed beliefs that  
12 the potential side effects can be prevented or minimised if PED are used correctly. For  
13 instance, AF1 described how 'People class them as bad drugs, they're not if used  
14 correctly' (2; 19–20). Similarly, B1 suggested that 'I've got medical supervision... I  
15 know I'll be ok' (2; 16). Similar beliefs have been expressed in past research with  
16 competitive bodybuilders (Probert, Palmer, and Leberman 2007). Thus, either by  
17 disputing the validity of claimed side effects or perceiving that they were able to avoid  
18 experiencing them through controlled use, the athletes used this mechanism to distort  
19 the possible consequences of PED use for their health.

20       This mechanism was also used by the interviewees to dispute any potential harm  
21 to their opponents. Such use focussed either on denying any associated competitive  
22 advantage, or on the use of PED in training or to recover from injury rather than during  
23 competition. Athletes who claimed no competitive advantage made statements such as 'I

1 use them to aid my performance in regards to my throwing, I've never thought that my  
2 performance enhancing drugs ever hurt anyone. I never thought if we won this was  
3 down to my performance enhancing drugs' (AF1, 3; 6–8) and:

4 If I play well, I wouldn't say it was down to the steroids, maybe they might have increased  
5 my jump, so if I get rebounds over someone I wouldn't of, if I didn't use them, maybe he's  
6 unfortunate but not a victim no. (BB1, 3, 44–47).

7 Thus, it seems that although these athletes can see the potential benefits for particular  
8 skills (i.e., throwing, jumping), they appear able to separate these benefits from any  
9 overall performance advantage. Interestingly, the majority of athletes who disputed a  
10 competitive advantage through PED use were from team sports. Such athletes appeared  
11 able to downplay any competitive advantage gained through doping by viewing their  
12 performance as just one element of the performance of the overall team. This possible  
13 distinction between team and individual sports is supported by the following response  
14 from AF1 when he was asked if he thought PED use was cheating, 'If you take them to  
15 get an advantage over someone in individual sports, then yes it is.' (AF1, 3; 5).

16 Some athletes also disregarded any competitive advantage over their opponents  
17 as a result of their PED use on the basis that they only used them away from competition  
18 or to recover from injury. For instance, when asked whether he felt opponents were  
19 victims of his PED use, BB2 said 'Definitely not... I didn't play whilst using them so  
20 nope they couldn't have been victims.' (3; 4). Similarly, S2 suggested '...if you're using  
21 them to directly cheat they're bad... but I used them to recover from injury, so in my  
22 eyes I wasn't being immoral towards my standards' (2; 13–14). Previous qualitative  
23 research with athletes across a range of sports supports the underlying assertion that use  
24 of PEDs to recover from injury is not morally reprehensible (Bloodworth and McNamee

1 2010; Kirby et al. 2011). Clearly, such beliefs ignore the unfair advantage gained from  
2 an expedited recovery from injury that PED use is likely to facilitate. Never the less, it  
3 seems some athletes are able to downplay the effect of their PED use on their opponents  
4 by making a distinction between PED use during competition and PED use away from  
5 the competitive environment. This suggests this mechanism may be particularly  
6 effective for athletes who only use PEDs during the preparatory phases of their training  
7 year or when rehabilitating from injury. This finding is supportive of research that has  
8 identified periods of injury rehabilitation as a potential primary intervention point for  
9 anti-doping prevention programmes (Mazanov and Huybers 2010; Mazanov, Huybers,  
10 and Connor 2011).

#### 11 ***5. Moral Justification***

12 Moral justification is the construal of harmful activities as achieving commendable  
13 social or moral purposes (Bandura 1991). Use of this mechanism was consistent with  
14 that reported for PED using bodybuilders (i.e., Boardley and Grix 2014; Boardley et al.  
15 2014). For instance, athletes justified PED use based on advice on safe doping they  
16 provided to others as a result of their experiences, 'I blog on a website which gives  
17 information on good/bad steroids... I like doing it as I can help people.' (B1, 4; 19–20).  
18 Interestingly, findings from a study involving young elite cyclists suggest similar  
19 processes may operate in that sport (see Lentillon-Kaestner and Carstairs 2010). In this  
20 qualitative investigation, potential and current neo-pro cyclists described how veteran  
21 professional cyclists with experience of doping transmitted the culture of doping by  
22 teaching them how to dope, and which substances to use. Although the providers of the  
23 information were not interviewed – and therefore justification of PED use by them could

1 not be determined – clearly the process described here resonates with that seen in the  
2 present study, and in past work by Boardley and colleagues. As such, social processes  
3 whereby experienced users of PEDs promulgate their use by advising non–users on how  
4 to use them “safely” may be present in a range of sports. Thus, those looking to deter  
5 PED use should be made aware of the potential for such processes when identifying and  
6 prioritising potential intervention points.

7         In addition, athletes such as AF1 justified PED use based upon the resultant  
8 ability to provide for his family due to the financial benefits of successful sport  
9 performance, ‘I didn’t class it as immoral because I knew it was going to give me a good  
10 life, one in which I can provide for my family’ (AF1, 2; 40–42). This form of moral  
11 justification was also evidenced by some of the professional bodybuilders interviewed  
12 by Boardley et al. (2014), as well as one of the five elite athletes interviewed by Kirby et  
13 al. (2011), who described how the desire to provide stable financial circumstances for  
14 him and his fiancé had been an important factor in his decision to start doping.

15         Although the way in which moral justification was used resonated with that seen  
16 in past research it was far less prevalent here, with only four instances of its use. In  
17 contrast, Boardley et al. (2014) found its use to be relatively common, with 42 of the 64  
18 bodybuilders interviewed evidencing it. As discussed earlier with reference to distortion  
19 of consequences, downplaying the negative health consequences of PED use appears to  
20 be more of a concern for bodybuilders who dope compared to the athletes in the present  
21 study. Given the majority of moral justification in the bodybuilders of Boardley et al.  
22 (2014) justified PED use based on advice that could be provided on this topic, it is



1 possible the relative lack of concern for negative health outcomes resulting from PED  
2 use explains the minimal occurrence of this mechanism in the present sample.

### 3 ***6. Euphemistic Labelling***

4 Through the intentional use of anodyne language, euphemistic labelling makes harmful  
5 conduct appear less damaging and therefore more acceptable (Bandura 1991). In this  
6 study it occurred through the use of esoteric terms when referring to PEDs rather than  
7 using more accurate terms such as ‘drugs’ or ‘steroids’. All athletes demonstrated this  
8 mechanism at some point, such as when AF1 referred to ‘Riding the juice.’ (2; 24), and  
9 AF2 explained how ‘You get the guys saying juice, gear, test... pokes for the injection’  
10 (2; 43). Past research has shown use of such language in PED users in bodybuilding  
11 (e.g., Andrews et al. 2005; Boardley et al 2014; Monaghan, 2002); the current study  
12 extends this to PED users from a range of team and individual sports.

13 Interestingly, many of the athletes in the current study appeared acutely aware of  
14 why they used such language. For instance, R1 described how ‘Saying juice hides the  
15 negativity behind the word steroid... same meaning, less harmful in conversation’ (3; 5–  
16 6). Similarly, AF1 linked the use of euphemistic terms to how others view PED users,  
17 ‘If people know you’re on steroids they think you’re like some crazy bastard... so it’s  
18 like just another way of saying it without seeming like some kind of beast’ (2; 26–27).  
19 The suggestion that use of such language can make PED use appear more acceptable to  
20 both users and others in their social environment links well with the interactionist  
21 perspective described by Bandura (1991), which considers that transgressive actions are  
22 regulated by both personal and social influences. As such, based on the current data it

1 seems possible that euphemistic language may facilitate PED use by reducing potential  
2 personal and social constraints on this behaviour.

3 In an ethnographic study of bodybuilding culture, Andrews, Sudwell and  
4 Sparkes (2005) suggested that use of terms such as juice and gear by PED using  
5 bodybuilders is part of a specific language that is common to all bodybuilders. These  
6 researchers then went on to describe how this language helps form (along with other  
7 rituals, etiquettes, beliefs and actions) a collective culture symbolising hard-core  
8 bodybuilding. However, given that use of these terms – and explanations for why these  
9 terms are used – are remarkably consistent across PED users from different sports and  
10 countries (e.g., UK, USA), their use as a form of euphemistic labelling as described by  
11 Bandura (1991) may provide an alternative explanation for their use.

12 These findings highlight the importance of understanding how and why athletes  
13 use language in particular ways when talking about drug use in sport. This contention is  
14 supported by the work of Lamont–Mills and Christensen (2008), who utilised a  
15 discursive psychology framework to analyse the language used by Shane Warne during  
16 his first public press statement subsequent to testing positive for hydrochlorothiazide  
17 and amiloride. This analysis demonstrated how Warne constructed his statement in a  
18 way that described his drug use as being unrelated to performance enhancement, and  
19 merely as a single incident that occurred as a result of ignorance and not a deliberate act.  
20 These findings emphasise another way in which language can be used to obfuscate the  
21 nature of PED use in addition those seen here and in previous work.

## 22 *7. Attribution of Blame*

1 Analysis of the study data identified the first example in the literature of attribution of  
2 blame when rationalising PED use. This mechanism occurs when transgressors feel as  
3 they were forcibly provoked to transgress by the victim of the act (Bandura 1991). Its  
4 use here was seen when MMA1 described how he felt ‘Intimidated by the competition,  
5 if your opponent was on them, you'd think, shit...I'm gonna get beat, best get on a level  
6 par’ (3; 36–37). Given this was a single case it is not known whether this was an isolated  
7 occurrence or if this mechanism is used by other athletes. One possibility is that this  
8 mechanism is used primarily in combat sports, where the increased potential for  
9 physical harm as a result of opponents’ perceived PED use may result in athletes feeling  
10 provoked into doping so they feel more able to protect themselves. Clearly future  
11 research specifically targeting PED users in combat sports is needed to determine the  
12 accuracy of this interpretation.

### 13 ***8. Family and Friends***

14 Family and friends relates to who PED users choose to be honest with regarding their  
15 PED use, often distinguishing between gym friends, non–gym friends, and family, with  
16 only the former group being privy to information on the athletes’ PED use (Boardley  
17 and Grix 2014). Previously, such distinctions have only been investigated and identified  
18 in bodybuilders, but the current findings showed support for their use in other sports too,  
19 with all but one of the athletes interviewed describing processes relating to this theme.  
20 For instance, when asked who he shared information on his PED use with, AF3  
21 answered, ‘Just the people I train with really... we all take them, me and my group of  
22 friends, well gym friends... none of the team know I take them, because it would cause  
23 tension.’ (2; 22–24). Similarly, the response of MMA1 showed similar distinctions

1   when referring to his family, ‘I’d only ever tell people who use them, I’d never tell my  
2   family or like people who didn’t know about them... people just take what they hear on  
3   the news and believe it.’ (2; 29–31).

4           Consistent with the explanation for this theme presented by Boardley and Grix  
5   (2014), the latter example suggests athletes may be selective with whom they discuss  
6   their PED use with to avoid social censure that could potentially challenge their beliefs  
7   regarding the appropriateness of PED use. Bandura (2002) suggests that such social  
8   censure of transgressive behaviour can constrain immoral actions by stimulating  
9   negative moral emotions such as guilt or shame. Given this possibility, it may be in the  
10   interest of PED users to proactively avoid discussing their PED use with people who are  
11   likely to respond in such a way that may stimulate such emotional constraints. In  
12   support of this possibility, Kirby et al. (2011) reported that the majority of the elite  
13   athletes they interviewed described how they had not involved their family and friends  
14   in any way when taking to decision to start doping.

15           Attempts to hide PED use are not always successful though, as non-sport friends  
16   or family members sometimes find out. Presently, B1 described such an occurrence  
17   when he responded affirmatively when asked whether he had experienced emotions  
18   such as guilt or shame due to his PED use:

19           Yes I have... My girlfriend... sorry ex-girlfriend, found out I was on them... Her friend  
20           died of cocaine and then she sees me taking steroids, a drug which has killed... safe to  
21           say... I haven’t seen or spoke to her in a few weeks.’ (3; 28–31).

22           B1’s acknowledgment that this incident resulted in him experiencing emotions  
23   such as guilt and shame supports the possibility that the family and friends theme  
24   represents a pre-emptive attempt to avoid the social censure described by Bandura

1 (2002; see also Boardley et al. 2014). Similarly, elite athletes in Kirby et al.'s (2011)  
 2 study described how a distressing outcome from their PED use becoming public  
 3 knowledge (either through a positive test or through public admission of doping) was a  
 4 resultant loss of personal relationships. These athletes also described how this had not  
 5 been a potential outcome of doping they had considered when first deliberating whether  
 6 to use PEDs. Also, 79% of 645 elite athletes from 40 sports surveyed by Overbye,  
 7 Knudsen, and Pfister (2013) indicated that family/peers disapproval of doping would  
 8 have a "great effect" as a deterrent against doping, with a further 13% indicating it  
 9 would have "some effect". Thus, given its potential to deter doping, those implementing  
 10 anti-doping education programmes may consider including the likely reactions of  
 11 family and friends in education programmes to increase athletes' awareness of these.

## 12 ***9. Sliding Scale***

13 Sliding scale represents responses describing a process of training supplementation that  
 14 reflect the initial use of legal supplements, followed by progression to use of PEDs in  
 15 tablet form, before the eventual use of injectable PEDs ensues. Key boundaries for  
 16 athletes to cross when progressing along this continuum are the initial use of PEDs as  
 17 well as the move from oral PED use to that of injectables. This theme is important to  
 18 consider because although causal links between supplement and PED use have not been  
 19 established, there is increasing evidence that the two are linked (e.g., Backhouse,  
 20 Whitaker and Petróczi 2013; Dodge and Jackard 2006; Dunn, Mazanov and Gomathi  
 21 2009, Hoffman et al. 2007; Mazanov et al. 2008).

22 When athletes were asked about a potential link between supplement use and  
 23 PED use, we again found evidence supporting perceptions of a natural progression from

1 use of legal supplements to increasingly more serious PED use. For example, when  
2 asked whether he thought use of legal supplements and PEDs are linked, AF1  
3 responded, ‘I would say they were like a family, supplements are the little babies, whilst  
4 performance enhancing drugs are the fathers; you take supplements then when you grow  
5 up and learn more, you take performance enhancing drugs’ (2, 17–19). This eloquent  
6 use of the family unit as an analogy effectively illustrates how this athlete viewed  
7 supplement and PED use as being inextricably entwined with one another.

8         Similar to research with bodybuilders (see Boardley and Grix 2014; Boardley et  
9 al. 2014), athletes described how plateaus in training effects were a strong motivator for  
10 progression along the sliding scale. This was illustrated effectively in the words of the  
11 two swimmers when they commented on whether they thought supplement and PED use  
12 were linked, with S1 describing how ‘...supplements can only get you so far, so once  
13 supplements wear off, you take the next best thing.’ (2; 16–18) and S2 suggesting ‘they  
14 are kind of similar yes... I think it’s like you use one... wear it out... use another etc.’  
15 (1; 49–50). Related to this, interviews with elite athletes have revealed that temporary  
16 loss of form can be a potential motivator of PED use (Mazanov et al. 2011). The  
17 growing evidence for the sliding scale theme suggests that lack of perceived  
18 performance improvement – in addition to loss of previous form – may also be a period  
19 of greater potential for adoption of PED use. As such, coordinators of anti-doping  
20 education programmes should consider targeting interventions toward athletes  
21 experiencing sustained plateaus in performance improvement, as well as those  
22 undergoing career instability or acute/chronic injuries (see Kirby et al. 2011; Mazanov  
23 et al. 2011).

1           Just over fifty percent of the athletes interviewed described processes  
 2 representative of the sliding scale, processes that were remarkably similar to those  
 3 described previously by bodybuilders (see Boardley and Grix 2014; Boardley et al.  
 4 2014). This, alongside the numerous similarities in how athletes from different sport  
 5 populations morally disengage suggests the possibility of a common environmental link  
 6 that explains these similarities. Although research to date has not investigated what the  
 7 nature of this link may be, possibilities include athletes from different sports training in  
 8 the same gymnasias, being supplied with supplements/PEDs by the same people, and  
 9 obtaining information on supplement and PED use through similar sources such as the  
 10 internet. As such, a useful avenue for future research would be to investigate the nature  
 11 of such environmental influences, and how they may explain similarities in the  
 12 psychosocial processes observed in PED users from contrasting sports.

### 13 ***10. Routinisation***

14           Routinisation describes how supplement and PED use can be automated through  
 15 incorporation into athletes' daily routines (Boardley and Grix 2014). Consistent with  
 16 Boardley et al. (2014), this theme was not widely represented here. In fact, there were  
 17 only two instances of it, with just one relating to routinisation of PED use. Describing  
 18 how he used PEDs during the first six weeks of the off-season so 'they would be out my  
 19 system by the time the season started' (1, 37), BB2 evidenced routinisation when he  
 20 explained how 'for them six weeks I did it the same every day... I'd go the gym, eat,  
 21 sleep, take my tablet... you know it was like a lifestyle for me.' (1; 37–39).

22           Although routinisation of PED use could potentially allow it to occur without  
 23 conscious thought, the low frequency of its use here – and in the bodybuilders

1 interviewed by Boardley et al. (2014) – suggests this may not be a particularly important  
2 process for many PED users. A potential explanation for this relates to the particular  
3 category of PEDs – anabolic steroids – used by the majority of the athletes interviewed  
4 here and by Boardley et al. (2014). Given athletes typically administer anabolic steroids  
5 in distinct cycles of 6–12 weeks separated by an equivalent period of abstention (see  
6 Graham et al., 2008), the lack of a consistent routine may deter the integration of their  
7 use into athletes’ daily routines. As such, specific investigation of this theme in other  
8 sports is warranted to determine whether its frequency differs as a result of different  
9 types of PED being more dominant in some sports. For instance, Kirby et al. (2011)  
10 identified a “routinisation” subtheme when analysing interview data from four elite  
11 cyclists and one elite weightlifter all of whom had doped.

## 12 **Limitations and Future Directions**

13 Although the current work has contributed important knowledge on psychosocial  
14 processes that facilitate PED use in sport, there were inherent limitations in the work  
15 that should be considered when interpreting the findings, and serve as possible stimuli  
16 for future research. First, although a fairly broad range of team and individual sports  
17 were represented in the sample, no single sport was represented by more than three  
18 participants. As such, it was not possible to investigate the likelihood of the nuanced  
19 application of themes in particular sports. Given this, future researchers may consider  
20 investigating the presence of such applications by interviewing a larger number of  
21 athletes from single sports. Second, although information on whether participants were  
22 current or previous users of PEDs was collected, the relatively small number of  
23 participants meant it was not possible to investigate potential differences between



1 current PED users and those no longer using such substances. Therefore, an interesting  
2 avenue for future work would be to strategically sample current and previous users and  
3 investigate whether certain themes are more prevalent in the former group compared to  
4 the latter.

5 Third, although the deductive approach to data analysis was appropriate for the  
6 stated research aims, a more inductive approach may have identified further themes  
7 relevant to the psychosocial processes that facilitate PED use in team and individual  
8 sports. As such, future researchers are encouraged to utilise inductive approaches with  
9 athletes from these populations to determine whether any further relevant themes  
10 emerge. Finally, although the qualitative data presented identifies some clear links  
11 between moral disengagement and PED use, it is not possible to establish statistically  
12 supported links between these two variables, and therefore establish the strength of any  
13 such link. As such, future researchers are encouraged to empirically test some of the  
14 findings of the current study by employing quantitative methodologies.

## 15 **Conclusion**

16 Through analysis of the study data, the stated research aims were successfully achieved.  
17 More specifically, when explaining their reasons for doping, PED users from team and  
18 individual sports morally disengaged frequently; deductive analysis of these  
19 explanations demonstrated the use of all MD mechanisms with the exception of  
20 dehumanisation. In addition, the athletes also provided evidence representing the  
21 sliding scale, family and friends, and routinisation processes. Finally, thematic count  
22 analyses suggested euphemistic labelling, distortion of consequences and family and  
23 friends occurred most frequently, both in terms of the number of athletes evidencing

1    them and the total number of instances.

2           Previous research investigating similar research questions was limited in that it  
3    only investigated these issues with bodybuilders. By extending this work to athletes  
4    from a range of team and individual sports, the current study has provided evidence that  
5    MD, sliding scale and family and friends may be ubiquitous in PED users, rather than  
6    being constrained to a particular physical activity context. This is important because it  
7    means that any future interventions aimed at deterring PED use by preventing MD, or  
8    ameliorating its detrimental effects, would potentially be suitable for widespread  
9    application. Given this, the current findings emphasise the need for expediency in the  
10   development of such interventions. This need is further emphasised by the continued  
11   pervasiveness of doping in elite sport (see Striegel et al., 2010), and prevalence rates in  
12   non-elite adolescent populations that suggest doping may be becoming a public health  
13   issue (e.g., Hoffman et al., 2008). By extending current knowledge on the psychosocial  
14   processes that facilitate PED use in sport and exercise, we believe the current findings  
15   make an important contribution to the collective efforts of researchers working towards  
16   the development of interventions aimed at deterring PED use.  
17

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1 *Table 1. Participant Information.*

Participant Code	Sport	Location	Type/s of PEDs Used	Current/Past User
AF1	American Football	USA	Anabolic Steroids	Past
AF2	American Football	USA	Human Growth Hormone	Current
AF3	American Football	USA	Anabolic Steroids	Current
A1	Athletics (100m Sprint)	USA	Anabolic Steroids	Current
BB1	Basketball	USA	Anabolic Steroids	Past
BB2	Basketball	USA	Anabolic Steroids	Past
B1	Boxing	UK	Anabolic Steroids	Current
MMA1	Mixed Martial Arts	UK	Anabolic Steroids	Past
R1	Rugby (Union)	UK	Anabolic Steroids	Current
S1	Swimming	USA	Erythropoietin	Past
S2	Swimming	USA	Erythropoietin	Past
W1	Wrestling (Greco Roman)	USA	Anabolic Steroids	Current



1 *Table 2. Thematic Count of Athletes Evidencing the Ten Themes Represented (N = 12)*

Theme	Number Evidencing Theme	Total Instances	Exemplar Quotes
Moral Justification	4	4	‘I blog on a website which gives information on good/bad steroids... I can help people.’ (B1, 4; 19–20)
Euphemistic Labelling	12	21	‘Juice... it kinda hides the fact that they’re frowned upon’ (MMA1, 2; 24–27)
Advantageous Comparison	9	14	‘...I don't drink or smoke weed....I don't do that. I use them [PEDs] to make myself a better player.’ (BB1, 3; 14–15).
Displacement of Responsibility	8	21	‘...because it wasn’t my idea to take them I feel ok about it... ‘ (S2, 2; 28)
Diffusion of Responsibility	9	18	‘It’s like all the top sprinters are on them... Johnson... Tim Montgomery... all the big ones, I just kinda thought to be up there you need to get on it.’ (A1, 3; 20–21)
Distortion of Consequences	10	23	I didn’t ever see the people I played against as disadvantaged, we’ve all got testosterone in our bodies, I just had more.’ (AF1, 3; 50–51).
Attribution of Blame	1	1	‘Intimidated by the competition, if your opponent was on them, you'd think, shit...I'm

gonna get beat, best get on a level par'. (MMA1, 3; 36–37)

Sliding Scale	7	10	'Supplements weren't getting me to where I wanted ... I'm starting to think it's [current steroid] not strong enough, I'm tempted to hit bigger things.' (AF3, 2, 7–9).
Family and Friends	11	17	'I did yes, when in high school, my parents found that I was on them, they found them in my draw, my mom was gutted' (AF1, 3; 10–11).
Routinisation	2	2	'I can't remember not taking it to be fair, it's like a second nature, make my shake, go to bed, then repeat it the next day' (AF1, 1; 24–25)

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